



VISA CHECK CARD / ATM CARD APPLICATION

NAME OF APPLICANT: _____
SOCIAL SECURITY #: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP CODE: _____
NAME OF CO-APPLICANT: _____
SOCIAL SECURITY #: _____

A 4 digit personal identification number (PIN) will be mailed to you under separate cover.
This number is unique to you and upon receipt, you will have the option of changing the PIN by calling
the phone number included in the notice.

ACCOUNT INFORMATION:

REGULAR, NOW, OR MONEY MARKET

CHECKING:

_____	_____	_____
101	102	103
STATEMENT SAVINGS		

SAVINGS:

_____	_____	_____
201	202	203

SIGNATURE(S): I / WE HAVE READ AND ACKNOWLEDGE RECEIPT OF THE APPROPRIATE DISCLOSURE
STATEMENT(S). I / WE AUTHORIZE WAYNE BANK TO MAKE WHATEVER CREDIT INQUIRIES NECESSARY IN
CONNECTION WITH THIS REQUEST INCLUDING BUT NOT LIMITED TO OBTAINING A CREDIT REPORT FROM A
CONSUMER REPORTING AGENCY AND ACKNOWLEDGE THAT THIS REQUEST MAY BE DENIED BASED ON
INFORMATION OBTAINED IN THE AFOREMENTIONED REPORT. I / WE AGREE TO THE FEES AS DISCLOSED ON THE
BANK'S SERVICE FEE SCHEDULE.

APPLICANT'S SIGNATURE / DATE

CO-APPLICANT'S SIGNATURE / DATE

BANK USE ONLY:

SUBMITTED BY: _____ BRANCH: _____

CARD #: _____

ATM CARD _____ VISA CHECK CARD _____

LOST / STOLEN CARD REPLACEMENT _____
(Check if applicable)